



State of California—Health and Human Services Agency  
**Department of Health Services**



**ARNOLD SCHWARZENEGGER**  
Governor

**Comments on FCC Proposed Rulemaking  
Rural Health Care Support Mechanism  
WC Docket No. 02-60  
February 18, 2004**

This letter concerns the Federal Communications Commission (FCC) proposed use of the Rural-Urban Commuting Area (RUCA) classification system in determining eligibility for the Rural Health Universal Service Program in California. Specifically, the California State Office of Rural Health (CalSORH) requests that the FCC continue to recognize California's Medical Service Study Areas (MSSAs), as a valid means for determining eligibility to apply for Rural Health Care program funds.

The MSSA system has been utilized in California since 1976. It has been an effective means of identifying rural and underserved areas that takes into account the state's unique geography and population distribution. There are several reasons to continue the use of MSSAs in California:

- MSSAs are based on California statute and on criteria established through public meetings.
- The Health Resources Services Administration (HRSA) has recognized MSSAs as "rational service areas" in accordance with federal law and regulations establishing Medically Underserved Populations and Medically Underserved Areas (MUA/MUP).
- HRSA has provided significant funding to help develop and support MSSAs.
- MSSA boundaries were redrawn after the 1990 and 2000 census to accurately reflect population changes.
- MSSAs are based on census tracts and are therefore compatible with databases and technologies such as Geographic Information System (GIS). This maximizes the amount and complexity of data analysis that can be performed

While the RUCA classification system may be appropriate for other parts of the country, its use in California would severely limit the state's ability to obtain the resources necessary to meet its rural healthcare needs. In fact, the use of RUCAs results in the inaccurate identification of over 20 percent of California's current rural healthcare providers as urban. Eighty-four rural health clinics and rural hospitals would lose the rural designation and be rendered ineligible for universal service funding. Patients in these communities would no longer have access to vital telemedicine services. This is

significant given the fact that the state has a growing, diverse rural population that is already stretching the capacity of the current healthcare system.

In addition, California is experiencing an unprecedented fiscal crisis that will force many health services to be cut back or discontinued altogether. A decrease of healthcare resources in a rural community could reduce access to care and, as a result, negatively impact health outcomes.

In summary, the MSSA system is a proven method for defining rurality in a manner that meets California's needs. The use of RUCAs would reduce the flow of resources into communities that already have limited means of meeting the healthcare needs of their vulnerable populations. CalSORH urges FCC to continue to recognize MSSAs as a means to determine the eligibility of communities in California to apply for Rural Health Universal Service Program funding.

Your attention to this matter is greatly appreciated.

Sincerely,

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